

New Resident

Resident's Name: Enricky Clark 18  
Approx. age: 18

Male / Female

Current Chair: Hopital

Self Propel? Yes / No

Foot / Hands

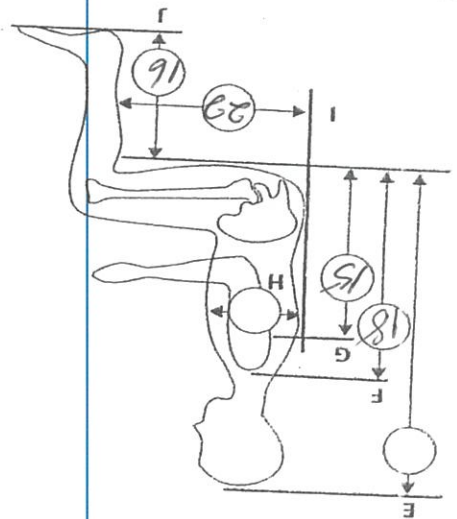
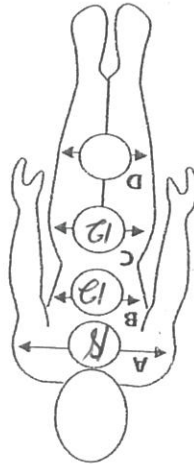
Pelvic Obliquity? Yes / No Low Side: RT / LEFT

Reusable for another resident? YES / NO / SIZE

# WHEELCHAIR EVALUATION

## Client Measurements

(write measurements inside of circle)



A - Shoulder Width

B - Chest Width

C - Hip Width

D - Width at Knee

E - Seat to Top of Head

F - Seat to Top of Shoulder (L,R)

G - Seat to Axilla (L,R) Arm pit

H - Chest Depth (L,R) Back to Tip of Chest

I - Seat Depth (L,R) Actual - 2-3 Fingers

J - Seat to Footplate (L,R)

Laterals? YES / NO

Planar / Sling / Axiom / Acta Relief / Other

Type of back needed

Other:

Basic / Folding / Rigid / Tilt in space / Stroller

Type of chair need: Circle one

currently using hospital chair

\*\* PLEASE USE ACTUAL ANATOMICAL MEASUREMENTS AND NOTES AS NEEDED \*\*

# WHEELCHAIR EVALUATION

Resident's Name: Dominic m/gg Location: Widow's Mt

Approx. age: 30

Male / Female

Current Chair: \_\_\_\_\_

Self Propel? Yes / No

Foot / Hands

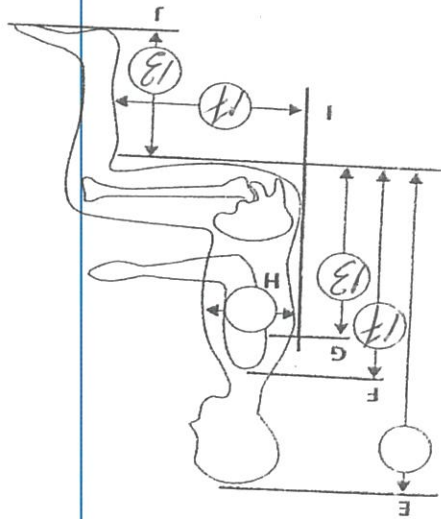
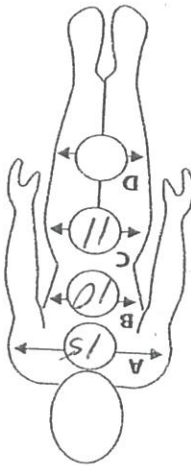
Pelvic Obliquity? Yes / No Low Side: RT / LEFT

Reusable for another resident? YES / NO SIZE



## Client Measurements

(write measurements inside of circle)



- A - Shoulder width
- B - Chest width
- C - Hip width
- D - Width at knee
- E - Seat to top of head
- F - Seat to top of shoulder (L,R)
- G - Seat to axilla (L,R) Amput
- H - Chest depth (L,R) Back to tip of chest
- I - Seat depth (L,R) Actual - 2-3 fingers
- J - Seat to footplate (L,R)

\*\* PLEASE USE ACTUAL ANATOMICAL MEASUREMENTS AND NOTES AS NEEDED \*\*

Need head rest, Need repair  
comfort back

Type of chair need: Circle one

Basic / Folding / Rigid / Tilt in space / Stroller

Other: \_\_\_\_\_

Type of back needed

Chair had back 21 X 16

Planar / Sling / Axiom / Acta Relief / Other

Laterals? YES / NO

Size

No model #

# WHEELCHAIR EVALUATION

Resident's Name: Vincent Atkinson Location: Kidder Mkt  
 Approx. age: 99 Male / Female Male

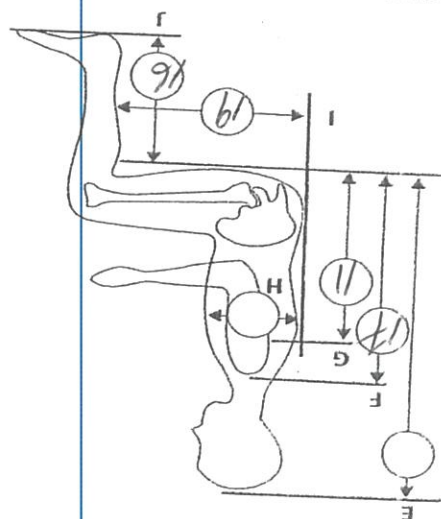
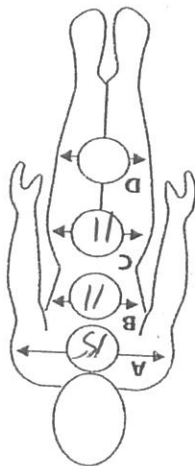
Current Chair: \_\_\_\_\_  
 Self Propel? Yes / No \_\_\_\_\_  
 Foot / Hands \_\_\_\_\_  
 Pelvic Obliquity? Yes / No Low Side RT / LEFT \_\_\_\_\_

Reusable for another resident? 16  
 YES / NO SIZE



## Client Measurements

(write measurements inside of circle)



- A - Shoulder Width
- B - Chest Width
- C - Hip Width
- D - Width at Knee
- E - Seat to Top of Head
- F - Seat to Top of Shoulder (L,R)
- G - Seat to Axilla (L,R) Arm pit
- H - Chest Depth (L,R) Back to Tip of Chest
- I - Seat Depth (L,R) Actual - 2-3 Fingers
- J - Seat to Footplate (L,R)

\*\* PLEASE USE ACTUAL ANATOMICAL MEASUREMENTS AND NOTES AS NEEDED \*\*

Chair for transportation  
 Left belt & cushion

Type of chair need: Circle one

Basic / Folding / Rigid / Tilt in space / Stroller  
 Other: \_\_\_\_\_

Type of back needed

Planar / Sling / Axom / Acta Relief / Other \_\_\_\_\_  
 Laterals? YES / NO \_\_\_\_\_

Size

# WHEELCHAIR EVALUATION

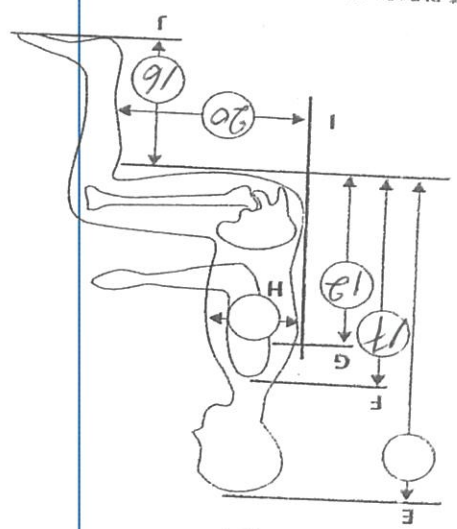
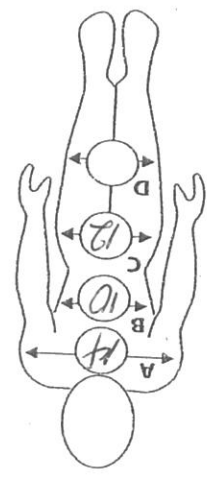
Resident's Name: Shanique Davis 93  
 Location: Widius mif

Approx. age: \_\_\_\_\_  
 Male / Female \_\_\_\_\_  
 Current Chair: \_\_\_\_\_  
 Self Propel? Yes / No \_\_\_\_\_  
 Foot / Hands \_\_\_\_\_  
 Reusable for another resident? YES / NO SIZE \_\_\_\_\_

Pelvic Obliquity? Yes / No Low Sides: RT / LEFT



**Client Measurements**  
 (write measurements inside of circle)



- A - Shoulder width
- B - Chest width
- C - Hip width
- D - Width at knee
- E - Seat to top of head
- F - Seat to top of shoulder (L,R)
- G - Seat to axilla (L,R) Arm pit
- H - Chest Depth (L,R) Back to tip of Chest
- I - Seat Depth (L,R) Actual - 2-3 Fingers
- J - Seat to Footplate (L,R)

\*\* PLEASE USE ACTUAL ANATOMICAL MEASUREMENTS AND NOTES AS NEEDED \*\*

seclusion - cut grass chair

Type of chair need: Circle one

Basic / Folding / Rigid / Tilt in space / Stroller

Other: \_\_\_\_\_

Type of back needed

Planar / Sling / Axion / Acta Relief / Other \_\_\_\_\_

Laterals? YES / NO

Size

# WHEELCHAIR EVALUATION

Resident's Name: Shantel Stephens Approx. age: 38  
 Location: Midway mte

Reusable for another resident? YES / NO SIZE

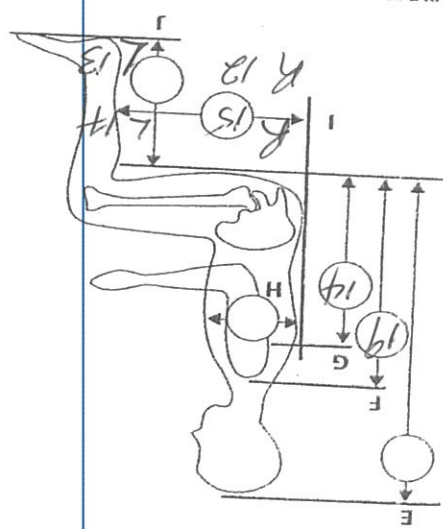
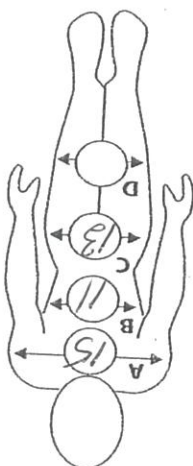
Self Propel? Yes / No  
 Foot / Hands

Pelvic Obliquity? Yes / No Low Side: RT / LEFT



## Client Measurements

(write measurements inside of circle)



- A - Shoulder Width
- B - Chest Width
- C - Hip Width
- D - Width at Knee
- E - Seat to Top of Head
- F - Seat to Top of Shoulder (L,R)
- G - Seat to Axilla (L,R) Ampit
- H - Chest Depth (L,R) Back to Tip of Chest
- I - Chest Depth (L,R) Actual - 2-3 Fingers
- J - Seat to Footplate (L,R)

\*\* PLEASE USE ACTUAL ANATOMICAL MEASUREMENTS AND NOTES AS NEEDED \*\*

Need a foot box, need chest strap, no foot pads, recline back

Type of chair need: Circle one

Basic / Folding / Rigid / Tilt in space / Stroller

Other: \_\_\_\_\_

Type of back needed

Planar / Sling / Axiom / Acta Relief / Other \_\_\_\_\_

Laterals? YES / NO

Size: \_\_\_\_\_



# WHEELCHAIR EVALUATION

Resident's Name: Lara Brown Location: Widows mk

Approx. age: 21

Male / Female Female

Current Chair: \_\_\_\_\_

Self Propel? Yes / No \_\_\_\_\_

Foot / Hands \_\_\_\_\_

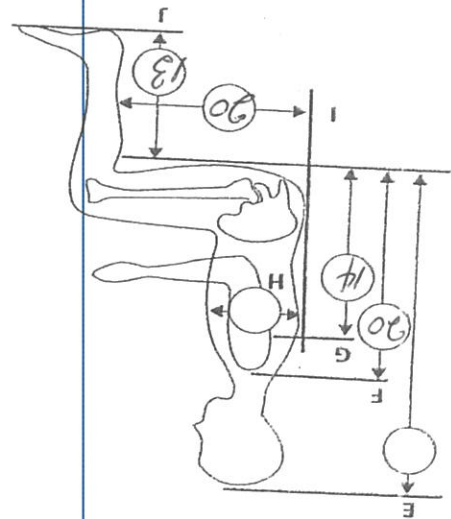
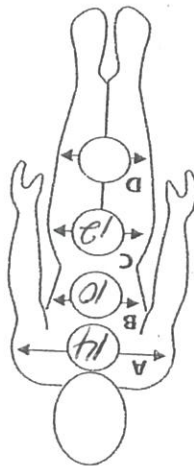
Pelvic Obliquity? Yes / No Low Side RT / LEFT \_\_\_\_\_

Reusable for another resident? YES / NO SIZE \_\_\_\_\_



## Client Measurements

(write measurements inside of circle)



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- D - Width at Knee
- E - Seat to Top of Head
- F - Seat to Top of Shoulder (L,R)
- G - Seat to Axilla (L,R) Arm pit
- H - Chest Depth (L,R) Back to Tip of Chest
- I - Seat Depth (L,R) Actual - 2-3 Fingers
- J - Seat to Footplate (L,R)

\*\* PLEASE USE ACTUAL ANATOMICAL MEASUREMENTS AND NOTES AS NEEDED \*\*

foot box and arm pads  
had foot rest previously

Type of chair need: Circle one

Basic / Folding / Rigid / Tilt in space / Stroller

Other: \_\_\_\_\_

Type of back needed

Planar / Sling / Axiom / Acta Relief / Other \_\_\_\_\_

Laterals? YES / NO

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# WHEELCHAIR EVALUATION

Resident's Name: Abdullah Mithal Location: Widow Mite  
 Approx. age: 42

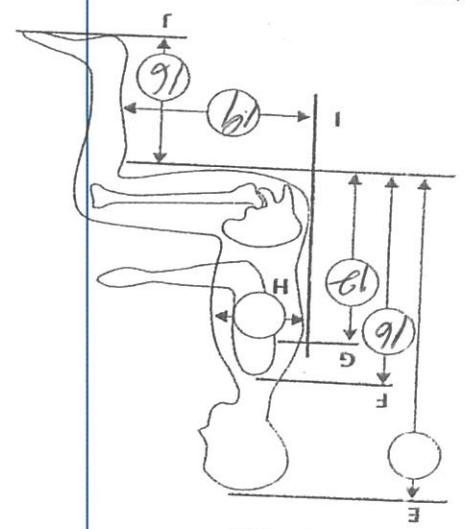
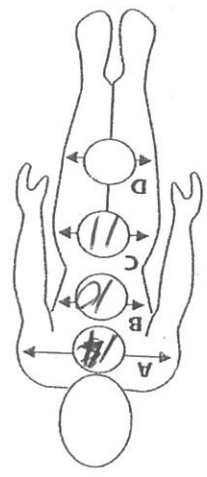
Male / Female \_\_\_\_\_  
 Current Chair: \_\_\_\_\_  
 Self Propel? Yes / No \_\_\_\_\_  
 Foot / Hands \_\_\_\_\_  
 Pelvic Obliquity? Yes / No Low Side: RT / LEFT \_\_\_\_\_

Reuseable for another resident? \_\_\_\_\_  
 YES / NO SIZE \_\_\_\_\_



## Client Measurements

(write measurements inside of circle)



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- B - Chest Width
- C - Hip Width
- D - Width at Knee
- E - Seat to Top of Head
- F - Seat to Top of Shoulder (L,R)
- G - Seat to Axilla (L,R) Arm pit
- H - Chest Depth (L,R) Back to Tip of Chest
- I - Seat Depth (L,R) Actual - 2-3 Fingers
- J - Seat to Footplate (L,R)

PLEASE USE ACTUAL ANATOMICAL MEASUREMENTS AND NOTES AS NEEDED \*\*

Arm pad, chair back, reclined (cable)  
 (Quickie)

Type of chair need: Circle one

Basic / Folding / Rigid / Tilt in space / Stroller  
 Other: \_\_\_\_\_

Type of back needed

Planar / Sling / Axiom / Acta Relief / Other \_\_\_\_\_  
 Laterals? YES / NO \_\_\_\_\_

Size

WHEELCHAIR EVALUATION

Resident's Name: Angy Lewis Approx. age: 18  
 Location: Widows Mite

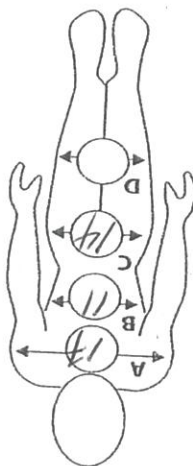
Reusable for another resident? YES / NO SIZE

Self Propel? Yes / No  
 Foot / Hands

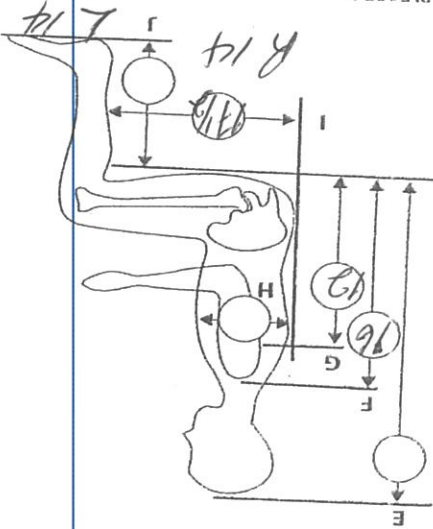
Pelvic Obliquity? Yes / No Low Side RT / LEFT



**Client Measurements**  
 (write measurements inside of circle)



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- D - Width at Knee
- E - Seat to Top of Head
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- G - Seat to Axilla (L,R) Arm pit
- H - Chest Depth (L,R) Back to Tip of Chest
- I - Seat Depth (L,R) Actual - 2-3 Fingers
- J - Seat to Footplate (L,R)



\*\* PLEASE USE ACTUAL ANATOMICAL MEASUREMENTS AND NOTES AS NEEDED \*\*

Need Seat belt

Type of chair need: Circle one

Basic / Folding / Rigid / Tilt in space / Stroller

Other: \_\_\_\_\_

Type of back needed

Planar / Sling / Axiom / Acta Relief / Other \_\_\_\_\_

Laterals? YES / NO

Size



New Chair

Resident's Name: Michael McKays Location: Widows mte

Approx. age: 12

Male / Female

Current Chair: \_\_\_\_\_

Self Propel? Yes / No

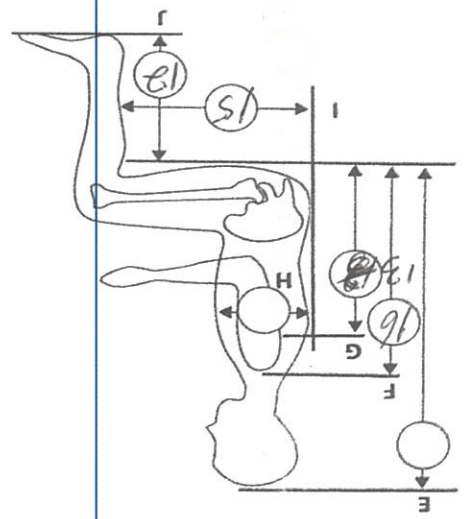
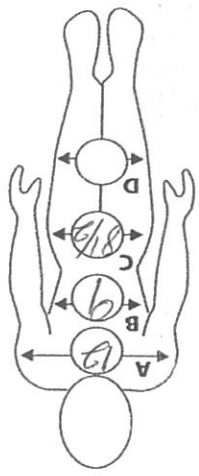
Foot / Hands

Pelvic Obliquity? Yes / No Low Side: RT / LEFT

WHEELCHAIR EVALUATION

Client Measurements

(write measurements inside of circle)



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- B - Chest Width
- C - Hip Width
- D - Width at Knee
- E - Seat to Top of Head
- F - Seat to Top of Shoulder (L,R)
- G - Seat to Axilla (L,R) Arm pit
- H - Chest Depth (L,R) Back to Tip of Chest
- I - Seat Depth (L,R) Actual - 2-3 Fingers
- J - Seat to Footplate (L,R)

\*\* PLEASE USE ACTUAL ANATOMICAL MEASUREMENTS AND NOTES AS NEEDED \*\*

but grow chair, need seat belt and chest strap.

Type of chair need: Circle one

Basic / Folding / Rigid / Tilt in space / Stroller

Other: \_\_\_\_\_

Type of back needed

Planar / Sling / Axiom / Acta Relief / Other \_\_\_\_\_

Laterals? YES / NO

Size: \_\_\_\_\_

WHEELCHAIR EVALUATION

Resident's Name: Benar Day Location: Widius mif

Approx. age: 26

Male / Female ☒

Current Chair: \_\_\_\_\_

Self Propel? Yes / No

Foot / Hands

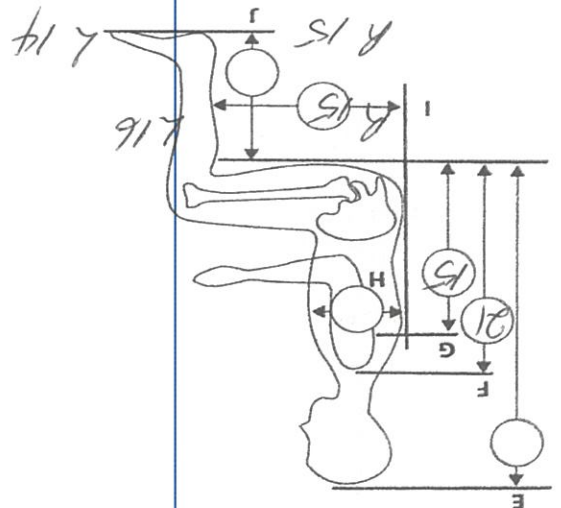
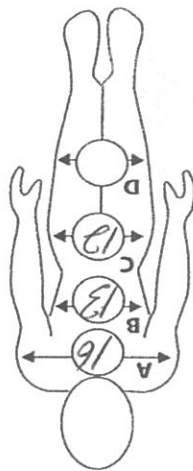
Pelvic Obliquity? Yes / No Low Side: RT / LEFT

Reusable for another resident? YES / NO SIZE \_\_\_\_\_



Client Measurements

(write measurements inside of circle)



- A - Shoulder Width
- B - Chest Width
- C - Hip Width
- D - Width at Knee
- E - Seat to Top of Head
- F - Seat to Top of Shoulder (L,R)
- G - Seat to Axilla (L,R) Arm pit
- H - Chest Depth (L,R) Back to Tip of Chest
- I - Seat Depth (L,R) Actual - 2-3 Fingers
- J - Seat to Footplate (L,R)

\*\* PLEASE USE ACTUAL ANATOMICAL MEASUREMENTS AND NOTES AS NEEDED \*\*

Need a transfer chair for transport.

Type of chair need: Circle one

Basic / Folding / Rigid / Tilt in space / Stroller

Other: \_\_\_\_\_

Type of back needed

Planar / Sling / Axiom / Acta Relief / Other \_\_\_\_\_

Laterals? YES / NO

Size

# WHEELCHAIR EVALUATION

Resident's Name: Regina Jackson Location: Windows 10

Approx. age: 16

Male / Female

Current Chair: \_\_\_\_\_

Self Propel? Yes / No

Foot / Hands

Pelvic Obliquity? Yes / No Low Side: RT / LEFT

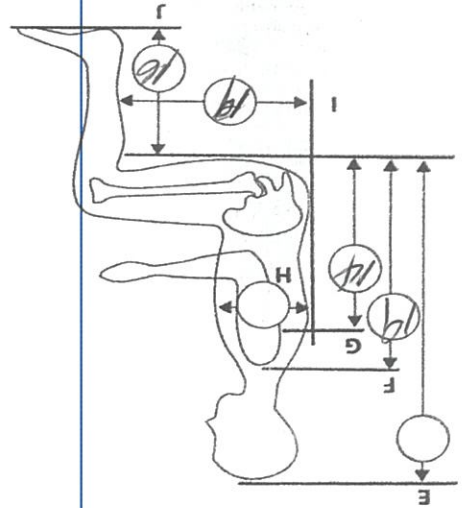
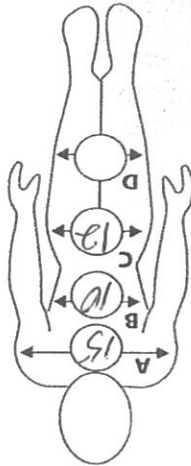
Reusable for another resident?

YES / NO SIZE



## Client Measurements

(write measurements inside of circle)



- A - Shoulder Width
- B - Chest Width
- C - Hip Width
- D - Width at Knee
- E - Seat to Top of Head
- F - Seat to Top of Shoulder (L,R)
- G - Seat to Axilla (L,R) Arm pit
- H - Chest Depth (L,R) Back to Tip of Chest
- I - Seat Depth (L,R) Actual - 2-3 Fingers
- J - Seat to Footplate (L,R)

\*\* PLEASE USE ACTUAL ANATOMICAL MEASUREMENTS AND NOTES AS NEEDED \*\*

Need a chair for transportation

Type of chair need: Circle one

Basic / Folding / Rigid / Tilt in space / Stroller

Other: \_\_\_\_\_

Type of back needed

Planar / Sling / Axiom / Acta Relief / Other \_\_\_\_\_

Laterals? YES / NO

Size

New chair

Resident's Name: Niviana Martha Williams Mph Location: Williams Mph

WHEELCHAIR EVALUATION

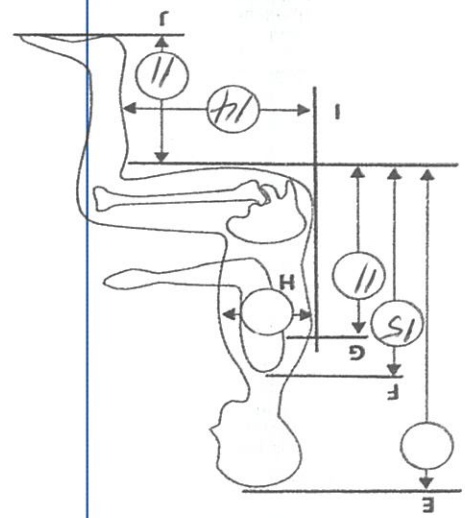
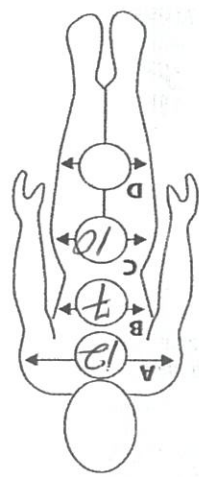
Approx. age: 11  
 Male / Female  
 Current Chair: \_\_\_\_\_  
 Self Propel? Yes / No  
 Foot / Hands

Pelvic Obliquity? Yes / No Low Side: RT / LEFT

Reusable for another resident?  
 YES / NO SIZE



Client Measurements  
 (write measurements inside of circle)



- A - Shoulder Width
- B - Chest Width
- C - Hip Width
- D - Width at Knee
- E - Seat to Top of Head
- F - Seat to Top of Shoulder (L,R)
- G - Seat to Axilla (L,R) Arm pit
- H - Chest Depth (L,R) Back to Tip of Chest
- I - Seat Depth (L,R) Actual - 2-3 Fingers
- J - Seat to Footplate (L,R)

\*\* PLEASE USE ACTUAL ANATOMICAL MEASUREMENTS AND NOTES AS NEEDED \*\*

cat grow chair

Type of chair need: Circle one

Basic / Folding / Rigid / Tilt in space / Stroller

Other: \_\_\_\_\_

Type of back needed

Planar / Sling / Axiom / Acta Relief / Other \_\_\_\_\_

Laterals? YES / NO

Size

WHEELCHAIR EVALUATION

Resident's Name: Oneil Haye Location: 2110's nite

Approx. age: 9

Male / Female

Current Chair:

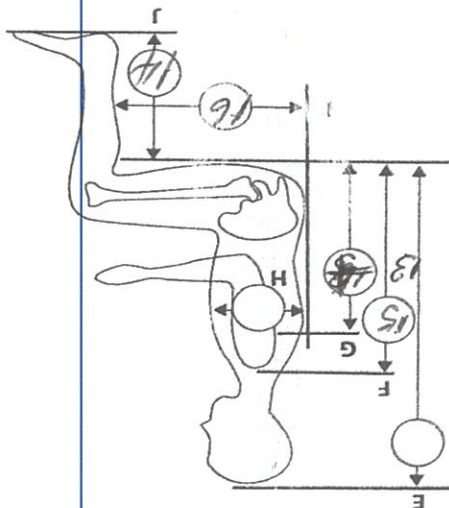
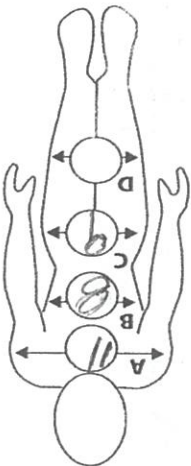
Self Propel? Yes / No

Foot / Hands

Pelvic Obliquity? Yes / No Low Side: RT / LEFT



Client Measurements  
(write measurements inside of circle)



- A - Shoulder Width
- B - Chest Width
- C - Hip Width
- D - Width at Knees
- E - Seat to Top of Head (L,R)
- F - Seat to Axilla (L,R)
- G - Seat Depth (L,R)
- H - Chest Depth (L,R)
- I - Seat Depth (L,R)
- J - Seat to Footplate (L,R)

\*\* PLEASE USE ACTUAL ANATOMICAL MEASUREMENTS AND NOT THE AS NEEDED \*\*

Put your chair and it in storage

Type of chair need: Circle one

Basic / Folding / Rigid / Tilt in space / Stroller

Other:

Type of back needed

Planar / Slung / Axiom / Acta Relief / Other

Laterals? YES / NO

Size